MISSOURI	DIV	/ISION OF HEALTH - STANDARD CERTIFICATE OF DEATH =62-030659
DO NOT WRITE AMENDED ON THIS STUB	. 1.	Registration District No. 1245 STATE FILE NUMBER Registration District No. 1245
		1. PLACE OF DEATH a. COUNTY Greene b. CITY (If outside corporate limits, give TOWNSHIP only) 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a STATE Missouri Greene a. STATE Missouri Greene b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits
VS 300 Rev. 4/59 OATE AMENDED OATE AMENDED		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rt., # 2 C. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Length of stay in 1b OR TOWN ROGORSVILLE Inside Limits OR TOWN ROGORSVILLE (If cutside, give location) Reside on Farm ADDRESS
2390,0		INSTITUTION ROGETSVIlle, Mo. Yes□No
3 4 O		3. NAME OF DECEASED First Middle Last 4. DATE Month Day , Year OF DEATH AUGUST 14. 1962
5 /		5. SEX 6. COLOR OR RACE 7. Merried to Widowed Divorced
6 880	1	during most of working life, even if refired) Meat Cutter 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE
7 / N		Leonard Pinnell Fox Ruth 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16: SOCIAL SECURITY NO. 17. INFORMANT Address
9 <i>4344</i>	VENT	Ruth Pinnell, Rogersville Months Ruth Pinnell Months Ruth Pinnell Months Ruth Pinnell Months Ruth Pinnell Month
11 N RECORD	DOCUMENT	Conditions, if any, which gave rise to
13		above cause (a), stating the underlying cause last. DUE TO (c)
13 ON		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 day.
ON AMENDMENTS		19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Jiem 18.) PERFORMED? Deceased had worked at his grocery store all day
RIBBON		but after the evening meal complained of severe gas pains! 20c. TIME OF Hour Month, Day, Year His wife called an ambulance but he was expired before the p.m. 20d. INJURY OCCURRED 20c. PLACE BEINGLANDS OF STATE 20. STATE AT A STAT
		NOT WHILE AT WORK
USE BLAC OR TYPEWRITER		21. 1 attended the deceased from ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ
USE TYPEWI	VIT OF	226. SIGNATURE (Degree or title) 226. ADDRESS 226. ADDRESS 226. DATE SIGNE
ÖZ	[™]	PENOVAL (Specify)
	AFFIDA	Removal 8-20-6 Montrose Cemetery Montrose Illinois 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. RECISTRAR'S SIGNATURE

2967 ≱

AUG 29 7852

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name i	s recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
; working under my personal supervision.	Signed My L. Ferrell
Signature of Student Embalmer •	Signed (1) (1) (1) Signed
Signator of orders and	Licensed Embalmer No. 4900 P. O. Address Roghwelle We
	P. O. Address Rogliselle We

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

1.1